

Potential Costs and Benefits of Smoking Cessation for Louisiana

Jill S. Rumberger, PhD
Assistant Professor
Pennsylvania State University, Capital College, School of
Public Affairs, Harrisburg, PA

Christopher S. Hollenbeak, PhD
Associate Professor
Pennsylvania State University, College of Medicine, Departments of Surgery and Public Health Sciences, Hershey, PA

David Kline Research Associate Intern Pennsylvania State University, College of Medicine, Department of Health Evaluation Services, Hershey, PA

April 30, 2010

Acknowledgements

This study was made possible by a grant from Pfizer Inc.

Executive Summary

Background. Cigarette smoking is the single leading cause of preventable disease and preventable death in the United States (US), leading to more than 400,000 deaths annually. The CDC and the U.S. Department of Health and Human Services have both issued guidelines on smoking cessation to help people to quit smoking that include: access to counseling, access to all FDA-approved over-the-counter and prescription medications; multiple quit attempts; and reduced or eliminated co-pays. However, access to these aids is limited since many payers do not cover these treatments. The objective of this study was to determine whether the cost of making such smoking cessation programs available at the state level could be justified by the benefits.

Methods. We performed a cost-benefit analysis of access to smoking cessation programs using a societal perspective using state specific data. Smoking cessation programs based on three treatment alternatives were studied: nicotine replacement therapy (NRT), bupropion, and varenicline. Each approach was evaluated with and without individual counseling. Benefits were estimated as reductions in medical expenditures, premature deaths and increased workplace productivity. Costs were estimated as direct cost of the smoking cessation programs, the lost tax revenue to the public sector and the lost revenue to retailers and distributors, since smokers who quit will no longer purchase cigarettes. Other model parameters included how many smokers take advantage of the programs and the programs' effectiveness in helping smokers to quit. The cost-benefit model was parameterized using data from CDC, and various national surveys, including the Behavioral Risk Factors Surveillance Survey and the Current Population Survey.

Results. Results from our model suggested that in Louisiana the annual direct costs to the economy attributable to smoking were in excess of \$ 5 billion, including workplace productivity losses of \$864 million, premature death losses of \$2.4 billion, and direct medical expenditures of \$1.7 billion. While the retail price of a pack of cigarettes in Louisiana is on average \$4.55, the combined medical costs and productivity losses attributable to each pack of cigarettes sold are approximately \$13.90 per pack of cigarettes. The ratio of benefits to cost varies from \$1.01 to \$2.90 saved per dollar spent on smoking cessation programs, depending upon the type of intervention. All therapies had a positive break even to costs at the mid-point of the range of treatment effectiveness. Generic bupropion and varenicline showed substantial benefits to costs from the societal perspective. Detailed results can be found in Tables 1-8, which are attached.

Conclusions. For most smoking cessation treatments, the benefits of smoking cessation programs statewide greatly outweigh the cost to implement them.

Tables

Table 1: Baseline data on smokers and smoking in Louisiana.

Variable	Total
Resident Smokers in LA ¹	645,428
Visiting Smokers in LA ²	24,726
Total Smokers	670,154
Total Packs Sold to Residents	363,475,197
Total Packs Sold to Visitors	13,924,803
Total Packs Sold ³	377,400,000
Average Packs Per Resident Smoker Per Year	563

¹ Data from the Behavioral Risk factor Surveillance System, Louisiana Calculated Variable Data Report, 2005. Retrieved on September 28, 2009 from:

http://apps.nccd.cdc.gov/s_broker/htmsql.exe/weat/freq_analysis.hsql?survey_year=2005

Data from http://www.crt.state.la.us/TOURISM/RESEARCH/Documents/200708/LouisianaForecastSep08.pdf, Louisiana Tourism Forecast: 2008-2012.

Data from http://www.tobaccofreekids.org/research/factsheets/pdf/0099.pdf, Campaign for

Tobacco Free Kids.

Table 2: Total productivity losses attributable to smoking. Includes productivity losses due to premature death, and workplace productivity losses due to absenteeism and the net loss of productive work time.

Component	Total	Per Pack	Per Smoker
Premature Death ¹			
Men	\$1,637,538,547	\$8.56	\$4,822.47
Women	\$786,079,922	\$4.56	\$2,570.04
Combined	\$2,423,618,470	\$6.67	\$3,755.06
Workplace Productivity ²			
Current Smokers ³	\$587,581,034	\$1.62	\$910.37
Former Smokers ⁴	\$276,473,095	\$0.76	\$428.36
Combined	\$864,054,128	\$2.38	\$1,338.73
Total Productivity Losses	\$3,287,672,598	\$9.05	\$5,093.79

^{1.} SAMMEC. Adult Smoking-Attributable Mortality, Morbidity, and Economic Costs Calculator. Atlanta, GA: CDC; 2008.
^{2.} Data from Bunn WB, 3rd, Stave GM, Downs KE, Alvir JM, Dirani R. Effect of smoking status on

^{2.} Data from Bunn WB, 3rd, Stave GM, Downs KE, Alvir JM, Dirani R. Effect of smoking status or productivity loss. J Occup Environ Med 2006 Oct;48(10):1099-108.

³ Per Bunn et al. total cost per current smoker in the labor force is \$4430, with a net effect of lost productivity of \$1807.

⁴ Per Bunn et al. total cost per former smoker in the labor force is \$2623, with a net effect of \$623.

Table 3: Direct expenditures on medical care attributable to smoking and smoking-related events in Louisiana. Total expenditures per pack for both medical care and productivity losses are \$13.90 per pack.

Cost Component ¹	Total	Per Pack	Per Smoker
Adult Expenditures			
Ambulatory Care	\$260,421,783	\$0.72	\$403.49
Hospital Care	\$964,166,230	\$2.65	\$1,493.84
Rx	\$294,337,178	\$0.81	\$456.03
Nursing Home	\$133,239,052	\$0.37	\$206.44
Other Care ²	\$107,802,506	\$0.30	\$167.02
Total	\$1,761,178,014	\$4.85	\$2,728.70
Neonatal Expenditures	\$3,273,591	\$0.01	\$5.07
Total Expenditures	\$1,764,451,605	\$4.85	\$2,733.77

SAMMEC. Adult Smoking-Attributable Mortality, Morbidity, and Economic Costs Calculator. Atlanta, GA: CDC; 2008.
 Other Care includes home health, nonperscription drugs, and nondurable medical

products.

Table 4: Components of cigarette prices, including taxes, distributor markups, and retailer markups.

Component	Price
Factory Price ¹	\$2.36
Total Taxes	\$1.54
Federal Tax ²	\$1.01
State Tax ²	\$0.36
State Sales Tax ³	\$0.17
Distributor & Retailer Mark-ups ¹	\$0.64
Final Retail Price	\$4.55

¹ Economic Research Service, U.S. Department of Agriculture, Tobacco Briefing Room, "Most Frequently Used Tables," Number 9, http://www.ers.usda.gov/ Briefing/tobacco, downloaded January 23, 2007 (adjusted to reflect Philip Morris price cuts to four of its major brands).

² Data from http://www.tobaccofreekids.org/research/factsheets/pdf/0099.pdf, Campaign for Tobacco Free Kids.

³ Data from http://www.rjrt.com/StateMsaPayments.aspx, State MSA Payments.

Table 5: Costs for smoking cessation treatments. Costs are for a full course of treatment, which varies by treatments.

		With
Treatment	Alone	Counseling
NRT	\$231	\$371
Bupropion (Brand)	\$354	\$494
Generic Bupropion	\$203	\$343
Varenicline	\$300	\$440

Source: Treatment costs are at national retail pricing from Drugstore.com (2009). Prices were adjusted to 2009 dollars.

Table 6: Marginal treatment effectiveness, including baseline values and ranges used in sensitivity analysis.

Treatment Option	Marginal Treatment Effectiveness			
	Baseline	Low	High	
NRT ¹	5.8%	5.0%	6.6%	
Bupropion (Brand) ²	7.0%	5.4%	8.6%	
Generic Bupropion ²	7.0%	5.4%	8.6%	
Varenicline ³	14.9%	10.2%	20.4%	
NRT Plus Counseling	8.0%	7.1%	8.9%	
Bupropion (Brand) Plus Counseling	9.3%	7.6%	11.3%	
Generic Bupropion Plus Counseling	9.3%	7.6%	11.3%	
Varenicline Plus Counseling	18.5%	13.0%	24.8%	

Silagy C, Lancaster T, Stead L, Mant D, Fowler G. Nicotine replacement therapy for smoking cessation. Cochrane Database Syst Rev 2004(3):CD000146.
 Hughes JR, Stead LF, Lancaster T. Antidepressants for smoking cessation. Cochrane Database Syst Rev 2007(1):CD000031.
 Call K, Stead LF, Lancaster T. Nicotine receptor partial agonists for smoking cessation.

Cochrane Database Syst Rev 2007(1):CD006103.

Table 7: Results of cost-benefit analysis at baseline marginal effectiveness

		N - C -		
	No Counseling			
Costs/Benefits	NRT	Bupropion (Brand)	Generic Bupropion	Varenicline
Medical Expenditures Avoided Plus Productivity Gains	\$29,239,410	\$35,201,666	\$35,201,666	\$75,301,874
Costs of Cessation Program	\$14,909,387	\$22,868,159	\$13,077,017	\$19,333,150
Lost Tax Revenue	\$3,249,741	\$3,912,401	\$3,912,401	\$8,369,238
Lost Business Revenue	\$1,349,510	\$1,624,690	\$1,624,690	\$3,475,467
Benefit/Cost Ratio	1.50	1.24	1.89	2.42
		Coun	seling	
Costs/Benefits	NRT	Bupropion (Brand)	Generic Bupropion	Varenicline
Medical Expenditures Avoided Plus Productivity Gains	\$40,294,126	\$47,150,720	\$47,150,720	\$93,265,959
Costs of Cessation Program	\$23,945,379	\$31,904,151	\$22,113,009	\$28,369,142
Lost Tay Revenue	\$4.478.390	\$5 240 449	\$5 240 449	¢10 265 9 11

 Medical Expenditures Avoided Plus Productivity Gains
 \$40,294,126
 \$47,150,720
 \$93,265,959

 Costs of Cessation Program
 \$23,945,379
 \$31,904,151
 \$22,113,009
 \$28,369,142

 Lost Tax Revenue
 \$4,478,390
 \$5,240,449
 \$5,240,449
 \$10,365,811

 Lost Business Revenue
 \$1,859,727
 \$2,176,184
 \$2,176,184
 \$4,304,578

 Benefit/Cost Ratio
 1.33
 1.20
 1.60
 2.17

Table 8: Sensitivity analysis of cost-benefit analysis at low values of marginal effectiveness

	No Counseling			
Costs/Benefits	NRT	Bupropion (Brand)	Generic Bupropion	Varenicline
Medical Expenditures Avoided Plus Productivity Gains	\$25,291,638	\$27,453,878	\$27,453,878	\$51,500,434
Costs of Cessation Program	\$14,909,387	\$22,868,159	\$13,077,017	\$19,333,150
Lost Tax Revenue	\$2,810,976	\$3,051,293	\$3,051,293	\$5,723,887
Lost Business Revenue	\$1,167,305	\$1,267,101	\$1,267,101	\$2,376,940
Benefit/Cost Ratio	1.34	1.01	1.58	1.88

	Counseling			
		Bupropion	Generic	
Costs/Benefits	NRT	(Brand)	Bupropion	Varenicline
Medical Expenditures Avoided Plus Productivity Gains	\$35,754,188	\$38,240,764	\$38,240,764	\$65,894,303
Costs of Cessation Program	\$23,945,379	\$31,904,151	\$22,113,009	\$28,369,142
Lost Tax Revenue	\$3,973,810	\$4,250,174	\$4,250,174	\$7,323,657
Lost Business Revenue	\$1,650,191	\$1,764,956	\$1,764,956	\$3,041,272
Benefit/Cost Ratio	1.21	1.01	1.36	1.70

Table 9: Sensitivity analysis of cost-benefit analysis at high values of marginal effectiveness

	No Counseling			
Costs/Benefits	NRT	Bupropion (Brand)	Generic Bupropion	Varenicline
Medical Expenditures Avoided Plus Productivity Gains	\$33,116,247	\$43,676,344	\$43,676,344	\$102,959,008
Costs of Cessation Program	\$14,909,387	\$22,868,159	\$13,077,017	\$19,333,150
Lost Tax Revenue	\$3,680,622	\$4,854,298	\$4,854,298	\$11,443,121
Lost Business Revenue	\$1,528,440	\$2,015,829	\$2,015,829	\$4,751,948
Benefit/Cost Ratio	1.65	1.47	2.19	2.90

	Counseling			
		Bupropion	Generic	
Costs/Benefits	NRT	(Brand)	Bupropion	Varenicline
Medical Expenditures Avoided Plus Productivity Gains	\$44,752,487	\$56,896,599	\$56,896,599	\$125,071,664
Costs of Cessation Program	\$23,945,379	\$31,904,151	\$22,113,009	\$28,369,142
Lost Tax Revenue	\$4,973,903	\$6,323,630	\$6,323,630	\$13,900,777
Lost Business Revenue	\$2,065,497	\$2,625,994	\$2,625,994	\$5,772,531
Benefit/Cost Ratio	1.44	1.39	1.83	2.60